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Fill in this information to identify your case:					
Lizette	Sadie	Tolentino			
First Name	Middle Name	Last Name			
First Name	Middle Name	Last Name			
United States Bankruptcy Court for the:		Eastern District of Pennsylvania			
Case number (if known) 24-11054					
	Lizette First Name First Name uptcy Court for the:	Lizette Sadie First Name Middle Name First Name Middle Name uptcy Court for the: Easter			

Check as directed in lines 17 and 21:				
According to the calculations required by this Statement:				
√1. Disposable income is not determined 11 U.S.C. § 1325(b)(3).	nined			
2. Disposable income is determine under 11 U.S.C. § 1325(b)(3).	:d			
√3. The commitment period is 3 year	ars.			
4. The commitment period is 5 year	ırs.			
Check if this is an amended filing				

Official Form 122C-1

Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

10/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Ра	rt 1: Calculate Your Average Monthly Income						
1.	1. What is your marital and filing status? Check one only. Not married. Fill out Column A, lines 2-11. Married. Fill out both Columns A and B, lines 2-11.						
Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case.11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.							
					Column A Debtor 1	Column B Debtor 2 or non-filing spouse	
 Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions). 					\$1,592.50		
3.	3. Alimony and maintenance payments. Do not include payments from a spouse.				\$0.00		
4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Do not include payments from a spouse. Do not include payments you listed on line 3.				r	\$0.00		
5.	Net income from operating a business, profession, or						
	farm	Debtor 1 \$0.00	Debtor 2 \$0.00				
	Gross receipts (before all deductions)	\$0.00	\$0.00				
	Ordinary and necessary operating expenses Net monthly income from a business, profession, or farm	\$0.00	\$0.00	Copy here –	\$ 0.00		
6.	Net income from rental and other real property	Debtor 1	Debtor 2				
	Gross receipts (before all deductions)	\$0.00	\$0.00				
	Ordinary and necessary operating expenses	\$0.00	\$0.00				
	Net monthly income from rental or other real property	\$0.00	ψ0.00	Copy here –	\$0.00		

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Debtor 1	Lizette	Sadie	Tolentino	Case n	umber (if known) 24-1	1054
	First Name	Middle Name	Last Name			
				Column A Debtor 1	Column B Debtor 2 or non-filing spouse	e
7. Interest, o	dividends, and royal	lties		\$0.00		
8. Unemplo	yment compensatio	n		\$0.00		
Do not en	nter the amount if you	u contend that the amo	unt received was a benefit und	er		
the Socia	l Security Act. Instea	d, list it here:				
For y	ou		\$0	0.00		
For y	our spouse					
under the include ar States Go death of a under cha	Social Security Act. ny compensation, pe overnment in connec a member of the unif- apter 61 of title 10, the amount of retired p	Also, except as stated insion, pay, annuity, or tion with a disability, coormed services. If you ten include that pay only	mount received that was a ben in the next sentence, do not allowance paid by the United imbat-related injury or disability received any retired pay paid y to the extent that it does not otherwise be entitled if retired of that title.	<i>,</i> , or		_
10. Income of not incluse a victime terrorism States Geath of	from all other source de any benefits rece of a war crime, a crir n; or compensation, p Government in conne	es not listed above. Spived under the Social Spived against humanity, opension, pay, annuity, cotion with a disability, conformed services. If neconstruction is neconstructed.	pecify the source and amount. It security Act; payments received r international or domestic or allowance paid by the United ombat-related injury or disabilitiessary, list other sources on a	d as l ty, or		
11. Calculat			lines 2 through 10 for each for Column B.	+ \$1,592.50	+	= \$1,592.50 Total average monthly income
Part 2: Det	termine How to N	Measure Your Dedu	ctions from Income			
12. Copy yo	our total average mo	nthly income from line	11			\$1,592.50
13. Calculat	e the marital adjustr	ment. Check one:				
✓ You are	e not married. Fill in 0) below.				
You are	e married and your sp	oouse is filing with you.	Fill in 0 below.			
☐ You are	e married and your sp	oouse is not filing with	ou.			
Fill in th your de depend	pendents, such as pa	ome listed in line 11, Co ayment of the spouse's	olumn B, that was NOT regularl tax liability or the spouse's sup	ly paid for the household expoport of someone other than y	enses of you or you or your	
	specify the basis for nal adjustments on a	•	and the amount of income devo	oted to each purpose. If nece	essary, list	
If this a	djustment does not a	apply, enter 0 below.				
				÷		- \$0.00
Total				\$0.00 Co	py here. $ ightarrow$	\$0.00
14. Your cui	rrent monthly incom	e. Subtract the total in	line 13 from line 12.			\$1,592.50

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Debtor 1	Lizette	Sadie	Tolentino	Case number (if known) 24-11054
	First Name	Middle Name	Last Name	
15. Calculate	your current mon	thly income for the yea	ır. Follow these steps:	
15a. Co	py line 14 here \rightarrow .			\$1,592.50
Mult	tiply line 15a by 12	(the number of months	in a year).	x 12
				\$10,110,00
15b. The	e result is your curre	ent monthly income for	the year for this part of the form	
16. Calculate	the median family	income that applies to	you. Follow these steps:	
	in the state in which	• •	Pennsylv	ania
16b. Fill	in the number of pe	eople in your household	l. <u>2</u>	
40 - E'''	to the constant of the			
		•	unts, go online using the link sp	\$78,349.00
			available at the bankruptcy clerl	
17. How do t	he lines compare?			
_{17a.} ∡	Line 15b is less t	han or equal to line 16d	. On the top of page 1 of this fo	rm, check box 1, Disposable income is not determined under 11
_	U.S.C. § 1325(b)	(3). Go to Part 3. Do No	OT fill out <i>Calculation of Your D</i>	isposable Income (Official Form 122C–2).
17b. 🖵				box 2, Disposable income is determined under 11 U.S.C. § come (Official Form 122C–2). On line 39 of that form, copy your
		ncome from line 14 abo		conte (Omciai Form 1220–2). On time 39 of that form, copy your
Part 3: Cald	culate Your Com	nmitment Period Ur	nder 11 U.S.C. §1325(b)(4)	
40. Commune	total average	neth had in a sun a frame line	- 44	
	_			\$1,592.50
				iling with you, and you contend that act part of your spouse's income, copy the
	rom line 13.	Defilod drider 11 0.3.C.	3 1323(b)(4) allows you to dedu	ict part of your spouse's income, copy the
19a. If the	marital adjustment	does not apply, fill in 0	on line 19a	- \$0.00
19b. Subt i	ract line 19a from li	ne 18.		\$1,592.50
20. Calculate	vour current mon	thly income for the yea	ar. Follow these steps.	
Multip	ly by 12 (the numbe	er of months in a year).		x 12
20b. The re	sult is your current	monthly income for the	year for this part of the form.	\$19,110.00
	-			\$78,349.00
20c. Copy t	he median family in	come for your state an	d size of household from line 16	Sc
21. How do t	he lines compare?			
			rdered by the court, on the top	of page 1 of this form, check box 3,
	•	3 years. Go to Part 4.	athomica ardered by the cour	on the ten of neger 1 of this form
		qual to line 200. Onless nent period is 5 years. (s, on the top of page 1 of this form,
5	5.			
Part 4: Sign	n Below			
By signing	here, under penalt	y of perjury I declare th	at the information on this stater	nent and in any attachments is true and correct.
V				
X <u>/s</u>	/ Lizette Sadie T	olentino		
Sig	nature of Debtor 1			
Da	te 04/24/2024			
	MM/ DD/ YYYY	 		
If you ched	cked 17a, do NOT f	ill out or file Form 1220	:–2.	
•	•			form, copy your current monthly income from line 14 above.